



City of Santa Fe, New Mexico



POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT

You have complied with State Statute 66-7-206 and City of Santa Fe Ordinance 12-4-6 TO GIVE NOTICE OF ACCIDENT. You must now complete this form with all the information requested and either mail or in person return it to your insurance company for processing.

SANTA FE POLICE DEPARTMENT CASE NUMBER _____

LOCATION WHERE ACCIDENT OCCURED
NAME OF STREET; PARKING LOT OR
OTHER LOCATION: _____

DATE OF ACCIDENT: _____ DAY OF WEEK _____ TIME (AM PM) _____

YOUR VEHICLE

OTHER VEHICLE

DRIVER _____

DRIVER _____

ADDRESS _____

ADDRESS _____

DRIVERS LICENSE # _____

DRIVERS LICENSE # _____

NAME OF STATE WHERE ISSUED _____

NAME OF STATE WHERE ISSUED _____

EXPIRATION DATE OF LICENSE _____

EXPIRATION DATE OF LICENSE _____

SOCIAL SECURITY # _____

SOCIAL SECURITY # _____

OWNER OF VEHICLE _____

OWNER OF VEHICLE _____

ADDRESS OF OWNER _____

ADDRESS OF OWNER _____

VEHICLE YEAR _____

VEHICLE YEAR _____

VEHICLE MAKE _____

VEHICLE MAKE _____

BODY TYPE _____

BODY TYPE _____

LICENSE #/STATE _____

LICENSE #/STATE _____

PARTS OF VEHICLE DAMAGED _____

PARTS OF VEHICLE DAMAGED _____

APPROX. COST OF REPAIRS _____

APPROX. COST OF REPAIRS _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____

SEE REVERSE SIDE

INSURANCE COMPANY _____

INSURANCE COMPANY _____

POLICY NUMBER _____

POLICY NUMBER _____

WITNESSES TO ACCIDENT:

WITNESSES TO ACCIDENT:

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

DESCRIBE HOW ACCIDENT OCCURED: _____
